				;	:
	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27		PAGE OF 2.
An	y information copied from such Reports and Staten for commercial purposes, other than using the name	nents may not be sold or used ne and address of any politica	by any person committee to	n for the purpose solicit contribution	of soliciting contributions ns from such committee.
	NAME OF COMMITTEE (In Full) CONSUMER FIREWORKS SAFETY			FEDERAL A	ACCOUNT
Α.	Full Name (Last, First, Middle Initial)			Date of Disbur	sement
	KICK LNRSEN POR PO Bux 326	CONGRESS C	OMM	9 8 , 9	\$ 0 0 8
		State Zip Code	6		
	CONTRIBUTION Candidate Name RICK LARSEN		O / / Category/ Type	-	h Disbursement this Period
	Office Sought: House Disburser	nent For: Primary General Other (specify)	,,,	· • · •	
В.	Full Name (Last, First, Middle Initial) ADAN (M. Th)	r Cungress	(1)	Date of Disbur	sement
	Mailing Address	<u> </u>	(N)	0 % 2	0 2008
	Mailing Address 100 80× 23621 City Purpose of Disbursement Purpose of Disbursement	State Zip Code	CO-1/5)		0: 2008
	Mailing Address 100 ROX 23621 City Purpose of Disbursement CONTRIBUTION Candidate Name Adam Smith	State Zip Code		Amount of Eac	h Disbursement this Period
	Mailing Address City Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: House Disburse Senate President State: District:	State Zip Code	01) Category/	Amount of Eac	h Disbursement this Period
 c.	Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address 533 22	State Zip Code ISNINGTON 94 Ment For: Primary General Other (specify)	01) Category/	Amount of Eac	h Disbursement this Period
с.	Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address Address Address Mailing Address Address	State Zip Code SNINGTON 94 ment For: Primary General Other (specify) Cleicher	Oll Category/ Type	Amount of Each	h Disbursement this Period

Primary General
Other (specify) ▼

Senate President

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

District:

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State: